

Died at *St. Clement Bay* *St. Mary's* MARYLAND  
 Town County  
 Date 1902 *10* *26* | Age *4* - - | Native of *ind* | Occupation \_\_\_\_\_  
 Month Day Y. M. D.  
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced \_\_\_\_\_  
 Female ☐ Colored ☐ Single ☐ Number of children living \_\_\_\_\_

Husband of

Wife

Father's Name *Joseph Dy Sen*  
 Mother's Maiden Name *Fina E. Brown*

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full Bessie Garde

Town Dynaval County Himany's MARYLAND

Died at Dynaval Himany's MARYLAND

Date 19 22 Month 10 Day 11 Age 22 Y. M. D. Native of Ind Occupation ---

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐ Number of children living ---

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living ---

Husband of ---

Wife of ---

Father's Name Thos. M. Garde Mother's Name Francis E. Bidson

Cause of Death { Primary Whooping Cough Immediate (Convulsions) Pneumonia How long sick 4 weeks Accident, Suicide, Homicide ---

Reported by Robt. V. Palmer M.D.

Address Palmer St. Mary's Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anna E. Greenwell

Town

County

Died at

Beaumont

St. Mary's

MARYLAND

Date 19

1911

Month

Oct.

Day

8th

Y.

M.

D.

Age

32

Native of

St. Mary's

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

5

~~Husband~~

Wife

Father's

Name

Cause of

Primary

Purpural Fever

Death

Immediate

Peritonitis

Maiden Name

Jennie Gough

How long sick

11 days

Accident, Suicide, Homicide

Reported by

H. E. Greenwell

Address

Leonardtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY B-10641 70009



Name in Full *John Holly*  
 Town *Mechanicsville* County *St. Mary's* MARYLAND  
 Died at *Mechanicsville St. Mary's*

Date 1902 *Oct. 7<sup>th</sup>* Month *Oct.* Day *7<sup>th</sup>* Y. *80* M. *80* D. *80* Native of *Maryland* Occupation *Farmer*  
 Male *White* Married *Widow* ~~Divorced~~  
 Female *Colored* Single *Widower* Number of children living *one*

Husband of *Matilda Spears*  
 Name *Matilda Spears* Mother's Name *1000*

Cause of Death { Primary *Bright's Disease* How long sick *5 months*  
 Immediate *Convulsions* Accident, Suicide, Homicide

Reported by *John R. Morgan, M.D.*

Address *Mechanicsville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Estelle Linn Penford  
 Town *Landstair* County *St. Mary's*

Died at

MARYLAND

Date 189 *1902* Month *Oct* Day *22* Y. *10* M. *10* D. *10* Native of *St. Mary's* Occupation *Domestic*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
 of  
 Wife

Father's

Mother's

Name

Name

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65949



Name in Full

Certificate of Death

George Dor ~~Glenn~~ Johnson  
 Town Pearson County Prince Georges MARYLAND  
 Died at Pearson Post Office  
 Date 102 Oct 8 Y. 11 M. 10 D. 10 Native of Maryland Occupation   
 Male Married Widow Divorced  
~~Female~~ Colored Single Widower Number of children

Husband of   
 Wife of

Father's Name Dixie Johnson Mother's Name Molly Johnson  
 Cause of Death { Primary Diphtheria How long sick About 5 days  
 Immediate 9a Accident Scald, poison

Reported by A. L. Hodgdon  
 Address Pearson Post Office Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



William A. Loker

Town

County

Died at

Leonardtown

St. Marys

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 31

Age

73 - 12

St. Marys

Merchant

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Eight

Husband

of

Lucie Loker

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Enteritis

106

How long sick

2 months

Death

Immediate

Dumition

Accident, Suicide, Homicide

Reported by

F. P. Greenwell

Address

Leonardtown St. Marys Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edwin Mitchell

Town

County

Died at *Cramona**St. Mary's*

MARYLAND

Date *1902*  
*Oct. 23<sup>rd</sup>*

Month Day

Y. M. D.

Native of

Occupation

Age *35**Ind**Civil Engineer*

Male

White

~~Married~~

Widow

~~Deceased~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~Husband  
of*no one*Father's  
Name *Rev. W. A. Mitchell*Mother's  
Name *Miss Thomas*Cause of { Primary *Phthisis*

How long sick

*3 years*Death { Immediate *exhaustion*~~Accident, Suicide, Homicide~~Reported by *Zach. R. Morgan, M. D.*Address *Mechanicville, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Clarence Nailor

Town

County

Died at

Abells.

St. Mary's

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 20

Age 23

ind

By steerman

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

John Nailor

Charlotte Hill

Cause of

Primary

Phthisis

How long sick

att. 5 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Roll H. Palmer M.D.

Address

Palmer's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808



5.

*Arthur Philip Smallwood*

Town

County

Died at *near Mechanicsville* *St. Mary's* MARYLAND

Date 189*2* Month *Oct* Day *17<sup>th</sup>* Y. M. D. Age *6* Native of *St. Mary's Co.* Occupation *none*

Male *White* Married *Widow* Divorced *Female* Colored Single *Widower* Number of children living

Husband  
of  
Wife

Father's  
Name *Don't know*

Mother's  
Name *Cora Smallwood*

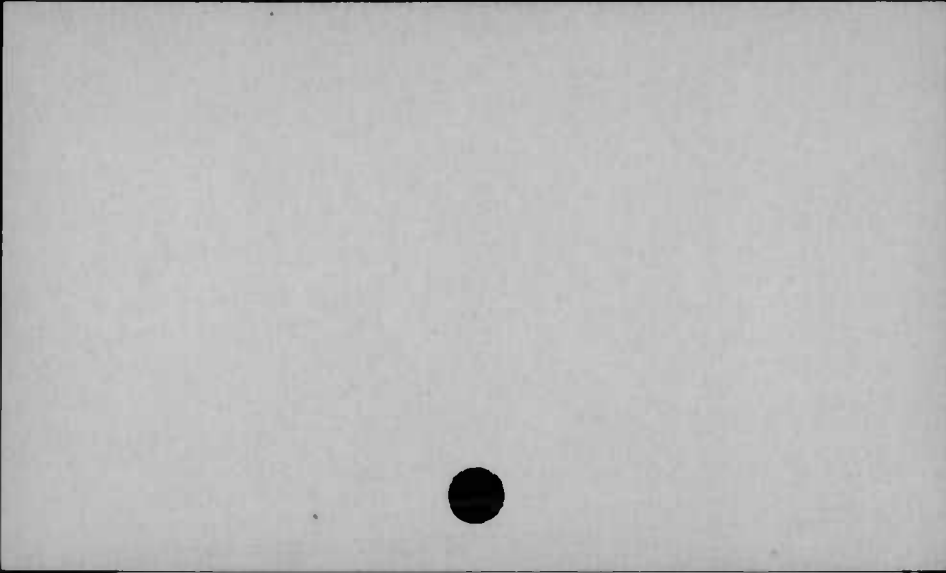
Cause of { Primary *measles*  
Death { Immediate

How long sick  
*a week*

~~Accident, Suicide, Homicide~~

Reported by *Jach. R. Morgan, M.D.*

Address *Mechanicsville, Maryland*



Pattie Steward

Town

County

Died at Budd's Creek

St. Mary's

MARYLAND

Date <sup>1902</sup> ~~1892~~ Oct. 19 Y. M. D. Age 86 Native of Md. Occupation Housekeeping  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living one

~~Husband~~ of John L. Steward  
 Wife  
 Father's Name Jackson Mother's Name Don't know

Cause of Death { Primary old age Immediate Paralysis  
 How long sick 3 days  
 154  
 Accident, Suicide, Homicide

Reported by J. R. Morgan

Address Mechanicsville Maryland



Name in Full

Certificate of Death

Name: *William Henry Thomas*  
 Town: \_\_\_\_\_ County: \_\_\_\_\_  
 Died at: *Indian Town* *St. Mary's* MARYLAND  
 Month: \_\_\_\_\_ Day: \_\_\_\_\_ Y.: \_\_\_\_\_ M.: \_\_\_\_\_ D.: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Date 19 *02* *Oct* *8*  
 Age: *3*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐  
 Number of children living: \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name: *William Thomas* Mother's Name: *Agnes Young*  
 Maiden Name: \_\_\_\_\_

Cause of Death: Primary *Pneumonia* Immediate *151*  
 How long sick: \_\_\_\_\_  
 Accident, Suicide, Homicide: \_\_\_\_\_

Reported by: *R. H. V. Palmer*

Address: \_\_\_\_\_

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Johnson Wise  
 town, County  
 Died at *Bluestone* *St. Marys* MARYLAND  
 Date 1902 Month *10* Day *19* Age *13* Y. *-* M. *-* D. *-* Native of *ind* Occupation *---*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

*Lymphoid Fever*  
*Intestinal Perforation*

How long sick

*5 weeks*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Elsie Young*

Town

County

Died at *Hoodburn Hill* *St. Marys*

MARYLAND

Date *1902* *Oct.* *17<sup>th</sup>* Age *33* *Maryland* *none*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband

of

Wife *no one*

Father's Name *Clement Young*

Mother's

Name

*Charity Barker*

Cause of { Primary *Typhoid Fever*

How long sick

*3 weeks*

Death { Immediate *Hemorrhage*

~~Accident, Suicide, Homicide~~

Reported by *Jach. R. Morgan, M.D.*

Address *Mechanicville, Maryland*

